

DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration Submitted with Initial Filing

Declaration Submitted after Initial Filing

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: METHOD OF PROFILING GENES AS RISK FACTORS FOR ATTENTION DEFICIT HYPERACTIVITY DISORDER the specification of which was filed on April 5, 2001 as United States Application Number 09/825,922.

Examiner Name

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Numbers	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO	

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)		
60/195,312	April 10, 2000		

I or we hereby appoint the registered practitioner(s) associated with Customer No. 6449 to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Direct all correspondence to Customer Number 6449.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

JUL 0 6 2001

NAME OF SOLE OR FIRST INVENTOR: [] A petition has been filed for this med inventor							
Given Name: David E. (first and middle [if any])	Family Name: Comings or Surname						
Inventor's Signature	Date 6/13/6)						
Residence: City: Duarte	State: CA	Country: U.S.	Citizenship: U.S.				
Mailing Address: 59 Crestview Court							
Mailing Address							
City: Duarte	State: CA	Zip: 91010	Country: U.S.				
NAME OF SECOND INVENTOR:	[] A petition h	as been filed for this un	signed inventor				
Given Name (first and middle [if any])	Family Name or Surname						
Inventor's Signature		Date					
Residence: City	State	Country	Citizenship				
Mailing Address							
Mailing Address							
City	State	Zip	Country				
NAME OF THIRD INVENTOR: [] A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])	Family Name or Surname						
Inventor's Signature	Date						
Residence: City	State	Country	Citizenship				
Mailing Address							
Mailing Address							
City	State	Zip	Country				
NAME OF FOURTH INVENTOR:	TH INVENTOR: [] A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])	Family Name or Surname						
Inventor's Signature	Date						
Residence: City	State	Country	Citizenship				
Mailing Address							
Mailing Address							
City	State	Zip	Country				